

**State of [INSERT STATE]**

**HOLD**

**HARMLESS**

**AGREEMENT**

**[COMPANY NAME HERE]**

**Company street address here**

**City State, Zip Codes**

**123-456-7890, 111-222-3333**

**www.email123@email.com**

**PARTICIPANT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY/STATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NEAREST RELATIVE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY/STATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, request permission to ride along in an Air Methods Corporation helicopter. In consideration for being granted permission to ride in an Air Methods Corporation helicopter, I hereby indemnify, hold harmless, release and discharge Air Methods Corporation and any of its officers, employees and agents from any liability to me, my employer, my assigns, my heirs, my executors and personal representatives now and forever, for any claim by reason or on account of injury to myself or my property, whether by reason of accident, intent or neglect during such time that I am in a vehicle or aircraft Air Methods Corporation, or in the company of an officer, employee or agent of Air Methods Corporation who is discharging his/her duties.

In addition, I agree to indemnify and hold harmless Air Methods Corporation, its employees, agents and assigns for any and all claims, losses or liability which arise as a result of my conduct, whether it be negligent or accidental while I am a participant in the Ride-Along Program, including, but not limited to such times that I may be in an Air Methods Corporation helicopter or in the company of an officer, employee or agent of Air Methods Corporation while he/she is acting or discharging his/her duties on behalf of Air Methods Corporation.

I further agree to abide by all rules and regulations applicable to the Ride-Along Program. I have been advised, and am aware of the risks and dangers associated with emergency medical transport. I agree to respect the confidential nature of all information with regard to the patients and transports and to comply with the confidentiality policies and procedures established by Air Methods Corporation. I understand that Air Methods Corporation provides emergency medical services to patients and will respect the privacy rights of the patients.

I assume all risks of death, injury, loss or damages to my person or property, whether due to accident or neglect, and neither I nor any of my representatives shall have any claim against Air Methods Corporation, their officers or employees, by reason of my death, injury, loss or damage.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_